



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

M E D I C A L P A P E R S.

- I. *An Account of an Uncommon Case of Emphysema; and of an external Abscess whose Contents were discharged by coughing.* By EDWARD AUGUSTUS HOLYOKE, M. D.
F. A. A.

ON Tuesday, July 15th, 1783, I was desired by the gentleman who attended him, to visit a boy of about twelve months old, who he told me had been most severely handled by a peripneumony for ten days; but that a very uncommon tumour lately appearing upon the child, made him desirous I should see him.

Upon viewing the patient, I found a large soft elastick flatulent tumour, evidently crackling under the fingers when pressed upon, as tumours arising from air in the cellular membrane, usually do. This tumour shewed itself all at once on the preceding evening, about seven or eight o'clock, as the child lay in its mother's lap, during a violent fit of coughing. on one side of the neck, near the right *mastoid muscle*; and by ten o'clock, the next morning, when I first saw it, it had spread across the neck, and up by the left ear, under the scalp, so as to cover the whole extent of the *crotaphite muscle* on that side; on the left side, it extended no further up than the ear; downwards, it spread on the breast below the paps on both sides, and to each *axilla*, and was evidently increasing, especially upon coughing.

The

The pulse was frequent, the flesh hot, the respiration, deep, frequent, and laborious to a great degree ; the cough frequent and violent, and the mouth lined with *apthæ* ; but none of these symptoms were increased (as I was informed) since the *Emphysema* had taken place : The child appeared in the utmost danger.

About one o'clock the same day, I saw the child again ; the symptoms continued much the same ; but the *flatus* had spread on the left side of the head up to the *vertex* ; and farther down upon the breast ; and farther round than the *axillæ*.

The next morning, Wednesday the 16th, the *Emphysema* occupied a larger space upon the the head, though chiefly on the left side still ; had extended over both *scapulæ* ; and had got further down on the breast, and indeed covered the whole *thorax* on the forepart, and on the left side passed over the oblique abdominal muscles down to the groin. The child had now a more cadaverous look ; the hands were purplish, and the pulse plainly lower and more sunk ; the difficulty of breathing still kept up ; and we expected he would soon expire.

Thursday 17th, A. M. Matters in much the same situation as yesterday, only the tumour now extended over both sides of the abdomen, but did not pass over the *recti* muscles, covered almost all the back, and on the head, had passed over the *vertex*, and now covered the whole right side.

Friday 18th, the child still alive ; the *dyspnœa*, cough, &c. still continued. He had taken no medicine, for twenty four
hours

hours past, nor had swallowed any thing but a little drink. The tumour now covered the whole trunk, except a small area round the navel, and a narrow stripe both above and below it, upon the *linea alba*, which were free from all swelling; the whole neck was puffed up, and the head under the hairy scalp every where, except the back part; where the air seems to have been prevented from insinuating itself, by the pressure of the head, as it lay upon the pillow; the face was every where free, as also both the upper and lower limbs. This evening the child died; but to our great mortification, no persuasions could prevail upon the mother, to permit the body to be inspected. The appearance of the tumour upon the dead body, was much the same the next morning, as it had been before death.

To account for those uncommon appearances, I think we must suppose a communication some where, between the cavity of the lungs, and the cellular membrane; and as the first appearance of *Emphysema* took place in the neck, upon a violent fit of coughing; it seems highly probable that this communication was formed, by a rupture of the membranes of the *aspera arteria*, somewhere between its cartilages;* and thus gave passage to the air from the lungs into the adjacent cellular membrane, at every expiration; and as the cough was very violent, the air would at every such effort more especially, be forcibly impelled through this opening, and thus extend itself wherever this membrane extended;

* Possibly a small abscess might be formed between these membranes, and so by weakening them, occasion their bursting, upon a violent exertion in coughing.

tended; at first indeed more rapidly, but still continue to extend, till the resistance which the air met with, in passing out at the opening, was equal to the force by which it was expelled from the *trachea* in expiration or in coughing.

This solution of these appearances cannot be ascertained, as we were not allowed to open the body, and whether it will be thought admissible I cannot determine; but as another case which fell in my way not a great while ago, may throw some light upon this, I will take the liberty to relate it.

A man about fifty three or fifty four years old, of a thin habit of body, labouring under a very bad cough, attended with a hectic fever, profuse sweats, &c. had a large tumour formed upon the upper part of the thorax on the left side, extending from the shoulder, all along the lower edge of the clavicle, to the *sternum*, about the breadth of a man's hand. This tumour had all the appearance of a large abscess; it was accordingly treated as such, and supuration seemed to be coming on as usual; but on removing the dressings one day, I found the tumour (though the skin remained whole) less prominent to the eye, flabby to the touch, and the pain and inflammation abated. I was now at a loss what to make of the case, as the abscess seemed too far advanced to expect discussion. While I was thinking of the matter, the patient asked me, "what could occasion that blubbling noise (as he expressed himself) in the fore?" Upon which, applying my ear near the part where he perceived the noise, I plainly heard a whizzing, and

as he termed it, a blubbering noise at every breath, exactly resembling such as arises from the rushing of air through a small orifice. This orifice appeared to be just under the left *clavicle*, but nearer to the shoulder than the *sternum*. Upon viewing the part attentively, a small dilation and contraction was perceptible upon expiration and inspiration; and the part was evidently puffy and flatulent to the touch. At this time the cough was urgent, and the expectoration very copious.

From this time, the tumour, inflammation, and hardness, subsided; the noise in breathing gradually lessened, till it ceased; and by the assistance of pectoral medicines, the bark, &c. the hectic and cough after a while left him; and with them the sweats, &c. his appetite returned, and he recovered his strength, though slowly; and is at this time in tolerable health.

In this case I think it certain that the inflammation penetrated to the lungs, which no doubt adhered to the *pleura* in this part; and the abscess bursting inwardly, the matter was discharged through the *trachea* by the assistance of the cough, which was at this time very constant; but the cavity of the lungs having now a communication with the cavity of the abscess, some of the air from the lungs would pass at every expiration into this cavity; but would not diffuse itself in the cellular membrane and produce general emphysema in this case, as in the case first mentioned, probably because, the inflammation of the cellular membrane, which surrounds all abscesses, and limits their extent, must have
formed

formed a barrier impenetrable by the air, as it rushed out of the lungs into this cavity; and of course the whole of what was thrown into the cavity of the abscess at each expiration, would be drawn back again into the lungs, at the next inspiration, and thus the surrounding parts might escape tumefaction: and this passing and repassing of the air will fully account for the noise, which the patient complained of.



II. *Account of a Locked Jaw.* By AARON DEXTER,

M. D. F. A. A.

Boston, January 26th, 1790.

S I R,

I BEG leave to present to the Academy, a particular history of the unfortunate case of my friend, Dr. Edward Wyer. It rarely happens, that the particular circumstances attending the disease, with the full effect of applications, and a constant variation of practice, as symptoms appeared, can be attended to as was the case in this instance: owing to his having no other nurses than such physicians, with his own assistance, as were able to change the mode according to appearances.

I presume, it may give some information to medical gentlemen, who have not had an opportunity of being witnesses to such distressing scenes.

I am, with the greatest respect,
your most obedient servant,

A. DEXTER.

The Hon. JAMES BOWDOIN Esq. }
President of the A. A. S. }